

Town of Wellfleet

Application for Community Preservation Funding

Please submit 10 copies to:
Wellfleet Community Preservation Committee
300 Main Street
Wellfleet, MA 02667
508-349-0330

Date: _____

Project Title:

Project Sponsor/Organization:

Contact Name:

Mailing Address:

Telephone: _____ **Email:** _____

Federal Tax Identification number (if nonprofit): _____

CPA Category (circle all that apply):

Community Housing
Space

Historic Preservation

Recreation

Open

CPA Funding Requested: _____ **Total Project Cost:** _____

Project Description: Please answer the following questions, keeping answers brief but complete. Include supporting materials as necessary.

1. Goals: What are the goals of this project? How does this project benefit Wellfleet and meet the goals of the Community Preservation Act?

2. Community Need: Why is this project needed? Does it address needs identified in existing Town plans?

3. Community Support: What is the nature and level of support for this project?

4. Timeline: What is the schedule for project implementation?

- 5. Implementation:** Who will be responsible for implementing and overseeing this project?
- 6. Success Factors:** How will the success of this project be measured?
- 7. Budget:** What is the total budget for the project and how will CPA funds be spent?
- 8. Other Funding:** What additional funding sources are available, committed, or under consideration? Include copies of commitment letters, if available.
- 9. Maintenance:** If ongoing maintenance will be required, who will be responsible and how will it be funded?
- 10. Other information:** Any additional information that might benefit the CPC in consideration of this project.

.....**FOR CPC USE**
ONLY.....

File # _____

Date Received _____

Determination _____

